



Scholarship Application:
Summer Institute Public
Scholar
Academic Year 2010-2011
Deadline: May 2, 2011



JOHNS HOPKINS
BLOOMBERG
SCHOOL of PUBLIC HEALTH

621 N. Washington Street, Baltimore, MD 21205 * tel 410.955.6931 * fax 410.955.2010

AWARD DESCRIPTION

This Public Scholarship aims to provide financial support for American Indian and Alaska Native scholars, health leaders and professionals and paraprofessionals serving AI/AN communities who are interested in attending the Johns Hopkins Bloomberg School of Public Health, Center for American Indian Health's Summer Institute.

Scholarship support is based on availability of funding and will cover the costs of travel to and from Baltimore, hotel accommodations (shared room with one other scholar), some meals, course materials and books, and full credit tuition for 1 course. Those applying for a scholarship are **required** to take the course for academic credit.

CURRENT COURSE OFFERINGS

- Collecting, Analyzing, and Using Public Health Data in American Indian Communities
(3 credits) 221.670, June 27-July 1, 2011. 8:00 AM – 3:00 PM
- Introduction to American Indian Health Research Ethics
(2 credits) 221.666, July 18-22, 2011. 9:00 AM – 12:15 PM

APPLICATION CHECKLIST

- ___ Completed and signed application
- ___ Resume or curriculum vitae
- ___ Transcripts (official or unofficial)
- ___ Proof of tribal enrollment or descent from a federally recognized tribe
- ___ Personal statement (see Section 6 of this application for details)
- ___ Completed financial need assessment (see Section 8 of this application)
- ___ Two letters of recommendation and two completed recommendation forms with at least one from a faculty advisor detailing your strengths, interests, aspirations, etc
- ___ Mail or fax application with all required documents by deadline

* *If you have received an Institute scholarship from CAIH before, you do not need to resubmit your CIB. Letters of recommendation are good for 2 years, after which, new letters must be submitted. **

Return application to:

Johns Hopkins Center for American Indian Health
ATTN: Training and Scholarship Program
621 N. Washington Street
Baltimore, MD 21205
Fax 410.955.2010

QUESTIONS? Please contact the Center's Training Coordinator at 410-955-6931.



Johns Hopkins Bloomberg School of Public Health
Johns Hopkins Center for American Indian Health
Registration/Application Form



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Please read the instructions carefully and complete the application in full. Incomplete applications will not be processed. Award/acceptance notices will be made in writing and mailed to the preferred address given on this application. Please note: Admission to or academic performance in does not guarantee admission to the School's full or part-time academic degree programs.
Please type if possible, or print in black ink.

SECTION 1: PERSONAL INFORMATION (Please print or type)

Name: _____
Last First Middle Initial Male/Female

Social Security Number: _____ Date of Birth ____/____/____

Tribe _____

Country of Legal Residence _____ Citizenship _____

Home Address: _____
Street

City State Zip

Work Address: _____
Street

City State Zip

Preferred Mailing Address: ☐ Home ☐ Work

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

SECTION 2: ACADEMIC SUMMARY (Most recent first)

<i>School</i>	<i>Area of Concentration</i>	<i>Degree</i>	<i>Year Rec'd</i>

SECTION 3: PROFESSIONAL SUMMARY (Most recent first)

1.	_____	_____
	<i>Employer</i>	<i>Position/Title</i>
	_____	_____
	<i>Activities</i>	<i>Dates</i>
2.	_____	_____
	<i>Employer</i>	<i>Position/Title</i>
	_____	_____
	<i>Activities</i>	<i>Dates</i>
3.	_____	_____
	<i>Employer</i>	<i>Position/Title</i>
	_____	_____
	<i>Activities</i>	<i>Dates</i>

SECTION 4: HONORS AND DISTINCTIONS (Most recent first)

<i>Date</i>	<i>Description</i>

SECTION 5: EXTRACURRICULAR ACTIVITIES

Include school and community activities. Please indicate the school year(s) in which you participated in each activity.

<i>From MM/YY To MM/YY</i>	<i>Description</i>

SECTION 6: PERSONAL STATEMENT

Please compose and attach an original essay that describes how you became interested in a health career with AI/AN communities and demonstrates your commitment to improving the health of AI/AN peoples. Discuss your background (including community involvement, leadership roles and achievements), academic and professional goals, and illustrate how receiving this scholarship (or how being accepted into this program if you are applying for the Public Health Certificate in American Indian Health) will assist you in your goals and in improving the health of AI/AN communities.

Be sure to tailor your statement to the scholarship or program you are applying to. It is your first opportunity to demonstrate your writing skills to our faculty, so take care to submit a concise and well-constructed essay. Statements must be **current** and must be between two and three double-spaced pages, with your name on each page. Please note that you may not reuse a personal statement previously submitted to the Center for any scholarship application.

Our Admissions Committee understands that types of background experiences and academic performance are unique to each applicant and may vary widely from individual to individual. If you feel that our current application does not otherwise provide an opportunity for you to share details about your full potential as a promising or continuing health leader for the AI/AN community, please clarify in this essay.

Your essay will be evaluated on the strength of how well the following are demonstrated:

- Commitment to improving AI/AN communities/health evident in background
- Commitment to improving AI/AN communities/health evident in academic/professional goals
- Experience in leadership roles in AI/AN communities
- Potential for future leadership roles in AI/AN communities
- Clear vision of how scholarship/program will be used to improve AI/AN communities/health
- Overall potential for success in program/course

SECTION 7: JHU AFFILIATION (complete *only* if you are currently affiliated with JHU)

☐ Alumnus ☐ Employee ☐ Attended Continuing Education Course ☐ Not currently affiliated with JHU

Are you currently a degree-seeking student at The Johns Hopkins University? ☐ Yes ☐ No

School _____ Degree Program _____

Are you currently an MPH candidate at JHSPH? ☐ Yes ☐ No

Are you currently a DrPH candidate at JHSPH? ☐ Yes ☐ No

SECTION 8: FINANCIAL NEED*

*Complete ONLY if you are applying for a Scholarship. SKIP if you are applying to a Program.

Please list all other scholarships you have applied for. What are the award amounts, and what is the status (i.e. haven't heard back, award granted, etc.).

SECTION 9: COURSE SELECTION and CREDIT/NON-CREDIT STATUS

If you are applying for a scholarship, courses **must be taken for academic credit**. You may choose **only one course**. Academic Credit is \$892 per credit and \$660.00 per non-credit. Please check your selection:

☐ Collecting, Analyzing, and Using Public Health Data in American Indian Communities (3 credits)

221.670. June 27-July 1, 2011. 8:00 AM – 3:00 PM

☐ Academic Credit (\$2,676.00)

☐ Non-Credit (\$1,980.00)

☐ Introduction to American Indian Health Research Ethics (2 credits) 221.666

July 18-22, 2011. 9:00 AM – 12:15 PM

☐ Academic Credit (\$1,784.00)

☐ Non-Credit (\$1,320.00)

SECTION 10: AFFIRMATION OF ACCURATE INFORMATION

I affirm that the information on this application form, and on any additional material that I submit related thereto, is complete, accurate and true to the best of my knowledge. I understand that furnishing any false, misrepresented or incomplete information in any of my application materials may be cause for denial or revocation of scholarship award, admission, registration or academic credit. I understand that any materials submitted related to my application become the property of the Johns Hopkins Bloomberg School of Public Health and cannot be returned or forwarded to a third party. I understand that the decision made on my application is final and not subject to appeal.

Finally, I agree that if accepted into an academic Program, I will adhere to all rules and regulations applicable to students of Johns Hopkins Bloomberg School of Public Health, including but not limited to the Student Conduct Code and Student Honor Code.

Signature of Applicant: _____ Date: _____

For questions regarding registration and payment, please email sslimited@jhsph.edu.

For questions regarding course information, please email dtsingin@jhsph.edu.

Submit completed application form and all supporting documentation by mail or fax to address below.
You may also email all documentation to the email address below with a cc to dtsingin@jhsph.edu.

Johns Hopkins Bloomberg School of Public Health
Summer Institute Office
621 N. Washington Street
Baltimore, MD 21205
Fax: (410) 955-2010
Email: dtsingin@jhsph.edu



Johns Hopkins Bloomberg School of Public Health
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RECOMMENDATION FORM

To applicant: Please complete the upper portion of the recommendation form and forward it to a person who is familiar with your professional work, or to a college or graduate faculty member who is acquainted with your academic record.

Applicants Name: _____
Last name First name Middle name

Email: _____

You may waive the right of access to your recommendation form in order to provide confidentiality to your references. If you wish to waive your right to examine this evaluation, please sign here.

Applicant's signature: _____ Date: _____

TO THE PERSON COMPLETING THE RECOMMENDATION FORM:

Please use the reverse side or an attached sheet for your WRITTEN STATEMENT.

A written statement in addition to the completed chart below is essential to our evaluation of this applicant. Please rank the applicant in comparison with others applying for a graduate-level certificate program.

	Top 5%	Top 10%	Top 20%	Top 50%	Unable to Assess
Intellectual ability					
Breadth of general knowledge					
Quantitative/Analytical ability					
Ability to work with others					
Emotional Maturity					
Ability to carry out individual research					
Promise as a public health researcher/practitioner					
Leadership capacity					

Recommend enthusiastically ☐

Signature: _____

Recommend with confidence ☐

Name (Print): _____

Recommended ☐

Title and Department: _____

Recommended with reservation ☐

Institution: _____

Not Recommended ☐

Address: _____

Telephone: _____

Email Address: _____

Once you complete the written statement and this form, please return them promptly to the Center for American Indian Health Attn: Training Coordinator, 621. N. Washington Street, Baltimore, MD 21205 in a self sealed envelope that the Applicant has provided.
Thank you for your timely response in providing this information.

PLEASE USE THE REVERSE SIDE OF THIS SHEET OR AN ATTACHED LETTER FOR YOUR WRITTEN STATEMENT.
GUIDELINES FOR THE WRITTEN STATEMENT ARE PROVIDED ON THE NEXT PAGE.

WRITTEN STATEMENT

The School would appreciate a candid statement from you concerning this applicant. In your written statement please be sure to comment on the following:

- How long you have known the applicant and in what capacity
- What you consider to be the Applicant's strengths and talents
- Any weakness that may impede the Applicant's ability to pursue rigorous graduate study
- How much thought you feel the Applicant has give to study public health
- English proficiency, if the Applicant's native language is not English
- The ratings you have assigned on the reverse side of this sheet including any additional comments about the applicant's record, potential, or personal qualities that you feel would be helpful to the admissions committee.